

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Marrhey Care Home LLC	CHAPTER 100.1
Address: 94-211 Loaa Street, Waipahu, Hawaii 96797	Inspection Date: April 10, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Kitchen, "Pepto Bismol" unsecured on the counter.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>This deficiency was corrected. It was properly secured promptly during inspection.</p>	<p>5/8/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Kitchen, "Pepto Bismol" unsecured on the counter.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, all medications will be promptly secured after dispensing and the area be thoroughly inspected to ensure that it is free and clear of any medication.</p>	<p>5/8/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1, no evidence of notes to identify the reason medication was needed and the resident response to PRN medication <u>every time</u> PRN medication made available.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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 STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF LONG TERM CARE
 11/13/2019

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1, no evidence of notes to identify the reason medication was needed and the resident response to PRN medication <u>every time</u> PRN medication made available.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>When providing PRN medication the following will be recorded immediately after PRN medication is provided:</p> <ol style="list-style-type: none"> 1. Date 2. Time 3. Name of Medication 4. Dosage 5. Reason and/or explanation as to why the medication was necessary 6. Resident's response 	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><u>FINDINGS</u> Resident #1, no notation in progress notes reflecting visits or resident's refusal for office consultations as follows:</p> <ul style="list-style-type: none"> • Physician office visits conducted on 4/26/18, 7/21/18, 10/20/18 and 3/1/19 • Physician reminder (10/20/18) to schedule Optometry and Mammography appointments 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>19 NOV 13 AM 12</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p>FINDINGS Resident #1, no notation in progress notes reflecting visits or resident's refusal for office consultations as follows:</p> <ul style="list-style-type: none"> Physician office visits conducted on 4/26/18, 7/21/18, 10/20/18 and 3/1/19 Physician reminder (10/20/18) to schedule Optometry and Mammography appointments 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The following procedures will be followed by PCG and all authorized staff and household members when accompanying Residents to physicians visits:</p> <ol style="list-style-type: none"> 1. All relevant paperwork will be on hand during the visit including notations and consultations noted from the most recent visit. 2. A summary of the occurrences that took place and findings during the visit will be requested and obtained from the physician before leaving the physicians office; properly dated and signed. 3. Before the end of the same day that a physician's visit has occurred, additional notes of concerns or questions that may have been overlooked must be completed. These questions and concerns must be resolved within 2 weeks. All efforts of communication and results of these communications will be recorded until resolved. 4. Before the end of the same day that a physician's visit has occurred, notes will be made for any follow-ups that are required and all necessary appointments made in advance 	<p>5/8/19</p> <p>19 MAY 13 AM 12</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><u>FINDINGS</u> Resident #1, certified as "self-preserving." However, as noted during the annual inspection, appears non-certified. For example, to receive instructions, "deaf" resident needs to see person announcing the rehearsal. Fire drill rehearsal records indicate 15 minutes required for each evacuation. <u>During the next visit, ask physician to recertify this resident.</u></p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>The resident's primary care physician was contacted on April 29, 2019 to request for a recertification.</p>	

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Licensee's/Administrator's Signature: MCarlos

Print Name: Marcela Carlos

Date: 5/8/19

Licensee's/Administrator's Signature: [Signature]

Print Name: Amira Piena

Date: 8/2/2019

STATE OF TEXAS
DEPARTMENT OF
STATE AGENCIES

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